

ORDER TO SHOW CAUSE AND NOTICE OF HEARING
(ORDEN DE PRESENTAR MOTIVOS JUSTIFICANTES Y AVISO DE AUDIENCIA)

In Deportation Proceedings under section 242 of the Immigration and Nationality Act.
(En los procedimientos de deportación a tenor de la sección 242 de la Ley de Inmigración y Nacionalidad.)

United States of America:
(Estados Unidos de América:)

File No. A-73 177 909

(No. de registro)

Dated
(Fecha)

MAR 12 1997

In the matter of
(En el asunto de)

SINGH, SURINDER

(Respondent)
(Demandado)

Address
(Dirección)

9 INWOOD DR.

BARDONIA, NY 10954-0000

Telephone No.(Area Code)
(Num. de teléfono y código de área)

000-000-0000

Upon inquiry conducted by the Immigration and Naturalization Service, it is alleged that:
(Según las indagaciones realizadas por el Servicio de Inmigración y Naturalización, se alega que:)

- 1) You are not a citizen or national of the United States;
(Ud. no es ciudadano o nacional de los Estados Unidos)
- 2) You are a native of INDIA and a citizen of INDIA;
(Ud. es nativo de) (y ciudadano de)
- 3) You entered the United States at or near FT. Lauderdale FL. on or about September 9, 1992 ;
(Ud. entró a los Estados Unidos en o cerca del un lugar no especificado por la frontera con Mexican el día o hacia esa fecha 9 de Septiembre 1992;)
- 4) You were not then inspected by an immigration officer.
(Ud. no fue inspeccionado entonces por un funcionario de inmigración)

Continuation Sheet
(Hoja complementaria)Dated
(Fecha)

MAR 12 1997

Respondent SINGH, SURINDER
(Demandado)File No. A-73 177 909
(No. de registro)

On the basis of the foregoing allegations, it is charged that you are subject to deportation pursuant to the following provision(s):
según los alegatos anteriores, se le acusa de estar sujeto a deportación de acuerdo con la(s) siguiente(s) disposición(es) de la ley:

Section 241 (a) (1) (B) of the Immigration and Nationality Act (Act), as amended, in that you entered the United States without inspection.
Sección 241 (a) (1) (B) de la Ley de Inmigración y Nacionalidad (INA), según enmendada, en que Ud. entró a los Estados Unidos sin inspección

BEFORE, YOU ARE ORDERED to appear for a hearing before an Immigration Judge of the Executive Office for Immigration Review of the United States Department of Justice at:
LO CUAL, SE LE ORDENA comparecer ante un juez de inmigración de la Oficina Ejecutiva de Revisión de Inmigración del Departamento de Justicia de los Estados Unidos en:

Address 26 FEDERAL PLAZA ROOM 1000
(Dirección) NEW YORK, NY 10278-0000

On
(Fecha)

September 3, 1997

At

9:00 AM

(Hora)

" "

Now cause why you should not be deported from the United States on the charge(s) set forth above.

Exponer motivos justificantes por cual no debería ser deportado de los Estados Unidos por los cargos expresados anteriormente.)

MAR 12 1997

da)

Signature of Issuing Officer

(Firma del funcionario que la expide)

Id State of Issuance ROSEDALE, NY
(Id y Estado donde se expide)

Title of Issuing Officer

(Título del funcionario que la expide)

Supervisory Asylum Officer

Show Cause shall be filed with the Judge of the Office for Review at the address provided below. Report any changes of your address or phone number in writing to this office:

Debe presentarse con los Motivos Justificantes a la Oficina Ejecutiva de Revisión de Inmigración en la siguiente dirección. Debe notificar cualquier cambio de su domicilio o número de teléfono por escrito a:

The Office of the Immigration Judge
26 FEDERAL PLAZA ROOM 1000
NEW YORK, NY 10278-0000

Certificate of Translation and Oral Notice

This Order to Show Cause ☐ was ☒ was not read to the named alien in the ENGLISH language, which is his/her native language, which he/she understands.

Date _____ Signature _____ Printed Name and Title of Translator _____

Address of Translator (if other than INS employee) or office location and division (if INS employee) _____

If oral notice was not provided please explain _____

Manner of Service	Alien's Right Thumb Print
<input checked="" type="checkbox"/> Personal Service to Alien	
<input type="checkbox"/> Certified Mail - Return Receipt Requested	
<input type="checkbox"/> Alien <input type="checkbox"/> Counsel of Record	

Certificate of Service

This Order to Show Cause was served by me at ROSEDALE, NY on 3-27 19 97

Doretha Wynter .m.
Ficer's Signature Printed Name Title Office
NEW YORK ASYLUM OFFICE (ZNY)

Surinder Singh
en's Signature (acknowledgment/receipt of this form)
ma de extranjero/acuse de recibo)

Request for Prompt Hearing and Waiver of 14-Day Minimum Period
(Solicitud de audiencia inmediata y renuncia al plazo mínimo de 14 días)

expedite determination of my case, I request an immediate hearing, and waive my right to the 14 day notice.
ra agilizar la decisión sobre mi caso, solicito una audiencia inmediata y renuncio a mi derecho a un plazo mínimo de 14 días.)

ature of Respondent _____ Date _____
na del demandado) (Fecha)

EXHIBIT C

EXHIBIT D

U.S.I.N.S.

FEE RECEIPT
A CENTURY OF SERVICE

09/12/97 N.Y.C.

073177909*#

SINGH S. #

I 485 \$ 130.00

SUPP A \$ 1000.00

I 765 \$ 70.00

SUBTTL 1200.00

TTLAMT 1200.00

PC 70.00

PC 130.00

PC 1000.00

CHANGE 0.00

3 ITEMS

0042005 11:00

U.S.I.N.S.

FEE RECEIPT
A CENTURY OF SERVICE

09/12/97 N.Y.C.

073177909*#

SINGH S. #

I 130 \$ 80.00

SUBTTL 80.00

TTLAMT 80.00

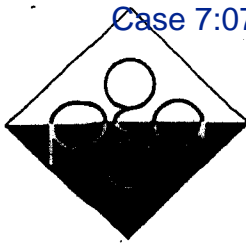
PC 80.00

CHANGE 0.00

1 ITEMS

0041005 10:58

EXHIBIT E



PERINATAL, GYNECOLOGICAL ASSOCIATES

Alex A.T. Bofo, MD / John F.J. Clark, MD / Spencer I. Ross, MD / Franklin A. Ayew, MD

June 03, 1998

To Whom It May Concern:
RE: Debra Singh

This is to certify that Ms. Singh was admitted to Nyack Hospital on June 02, 1998 at 11:30pm. Due to her condition Ms. Singh and her husband were unable to make their appointment.

If you have any questions please do not hesitate to call us at (914)353-5752.

Thank you,

Spencer I Ross MD
John F Clark MD

EXHIBIT F

FILE

not accept this copy unless the raised seal of the Village of Nyack is affixed.
 ACK, NEW YORK COUNTY OF ROCKLAND

DATED: June 29, 1998

Recorded District
4324
Register Number
783

New York State Department of Health
 CERTIFICATE OF LIVE BIRTH

State File Number

May the newspapers be furnished with notice of this birth? (Yes) ☒ No ☐
 NOTE: If yes is checked there is a consent form signed by the mother in the hospital record.

INFANT	1A. Name: First Middle Last Norma Lily Singh			1B. Medical Record No.: 750444	2A. Date of Birth: June 4, 1998	2B. Hour: 09:45AM
	3. Sex: Female	4A. Birth is: Single	4B. If Not Single, Birth is:	5. Place of Birth: Hospital		
	6A. Facility Name: Nyack Hospital			6B. Locality: Village of Nyack		6C. County of Birth: Rockland
	7A. Maiden Name: First Middle Last Debra Ann Totani			7B. Date of Birth: 01/05/1961	7C. City and State of Birth: (Country if not U.S.A.) New York NY	7D. Social Security No.: 118-50-0203
MOTHER	8A. Residence, State: New York		8B. County: Rockland	8C. Locality: Town of Clarkstown (Bardonia)		
	8E. Street and Number of Residence: 9 Inwood Dr			8F. Zip Code: 10954	8G. Mailing Address: 9 Inwood Dr Bardonia NY	
	8D. If City or Village, is Residence Within City or Village Limits? (If no, specify town)			8H. Zip Code: 10954		
	8I. Medical Record No.: 509277			9D. Social Security No.: 082-82-1749		
FATHER	9A. Name: First Middle Last Surinder Singh			9B. Date of Birth: 07/19/1965	9C. City and State of Birth: (Country if not U.S.A.) India	
	10A. I certify that the stated information concerning this child is true to the best of my knowledge and belief.			10B. Date Signed: Month Day Year JUL 29 1998		
	10C. Name of Certifier, if not Attendant: Spencer L. Ross			10E. License Number: 091115		
	10D. Attendant's Name: First Middle Last Efren Oliva			10F. Attendant's Mailing Address: 521 Route 304 Bardonia NY		
ATTENDANT	11A. Signature of the Registrar: Berta A. Campbell			11B. Date Filed: Month Day Year 06 29 1998	11C. Information Added or Amended: By: Reason:	
				11D. Date Amended: Month Day Year		

This is to certify that the foregoing is a true copy (photocopy)
 of a record on file in the Office of the Registrar of Vital
 Statistics of the Village of Nyack, New York, County of Rockland.

Berta A. Campbell, Registrar

EXHIBIT G